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**TRANSMITTAL  
FORM**

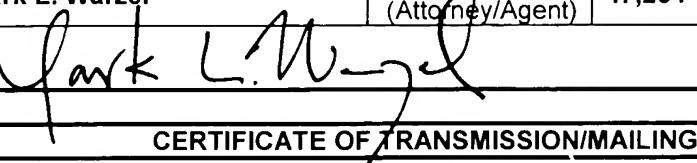
(to be used for all correspondence after initial filing)

Mail Stop **Non-Fee Amendment**Application Number **10/074,395**Filing Date **February 11, 2002**First Named Inventor **Craig Jon HAWKER et al.**Art Unit **1762**Examiner Name **Elizabeth M. COLE**Attorney Docket Number **5075-0017.10****ENCLOSURES (Check all that apply)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> No fee due   | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance Communication to a Technology Center (TC)      |
| <input checked="" type="checkbox"/> Fee Transmittal   | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Fee(s) due   | <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Fee Transmittal  | <input type="checkbox"/> Petition to Convert to a Provisional Application                | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Check for \$*  | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Charge any underpayment or credit any overpayment to Deposit Account No. 09-0441 | <input type="checkbox"/> Terminal Disclaimer   | <input type="checkbox"/> Other Enclosure(s) (please identify below):                    |
| <input type="checkbox"/> Return postcard  | <input type="checkbox"/> Request for Refund  |   |
| <input type="checkbox"/> Amendment/Reply  | <input type="checkbox"/> CD, Number of CD(s):  |   |
| <input type="checkbox"/> After Final  |  |   |
| <input type="checkbox"/> Affidavits/declaration(s)  |  |   |
| <input type="checkbox"/> Extension of Time Request  |  |   |
| <input type="checkbox"/> Express Abandonment Request  |  |   |
| <input type="checkbox"/> Information Disclosure Statement & Form(s) PTO-1449                              |  |   |
| <input type="checkbox"/> Copy(ies) of cited reference(s)  |  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)   |  |   |
| <input type="checkbox"/> Response to Missing Parts / Incomplete Application                               |  |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53                              |  |   |

Remarks:

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Name (print/type)	<b>Mark L. Warzel</b>	Registration No. (Attorney/Agent)	<b>47,264</b>	Telephone	<b>(650) 330-0900</b>
Signature				Date	<b>August 14, 2003</b>

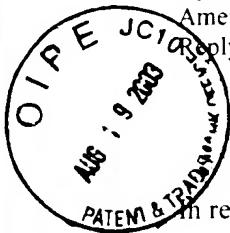
**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 14, 2003

Name (print/type)	<b>Will Sayo</b>		
Signature			
	Date	<b>August 14, 2003</b>	

Application No. 10 074,395  
Amendment dated August 14, 2003  
Reply to Office Action of May 15, 2003

Atty Dkt No. 5075-0017.10  
Client No. AM998159DIV



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Craig Jon HAWKER et al.

Confirmation No.: 6233

Serial No.: 10/074,395

Group Art Unit: 1771

Filing Date: February 11, 2002

Examiner: Elizabeth M. COLE

Title: SUBSTRATES PREPARED BY CHEMICAL AMPLIFICATION OF SELF-ASSEMBLED MONOLAYERS WITH SPATIALLY LOCALIZED POLYMER BRUSHES (as previously amended)

### AMENDMENT UNDER 37 CFR § 1.111

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Official Action dated May 15, 2003, please amend the above-identified application and consider the remarks as follows:

**Amendments to the Claims** are reflected in the listing of the claims which begins on page 2 of this document.

**Remarks/Arguments** begin on page 4 of this document.